



Comptroller of the Currency
Administrator of National Banks

CUSTOMER COMPLAINT FORM

Please fill in this form completely, including your signature at the bottom of the second page. The Office of the Comptroller of the Currency (OCC) will only act on complaints that are signed by the complainant(s), legal guardian, attorney of complainant(s) along with their authorization, or holder of power of attorney.

Include copies of documents related to your complaint such as contracts, monthly statements, receipts and correspondence with the bank.

Mail or fax this completed complaint form with any attachments to:

Office of the Comptroller of the Currency
Customer Assistance Group
1301 McKinney Street, Suite 3450
Houston, TX 77010-9050
1-713-336-4301 (Fax)

We will mail you a written acknowledgment within five (5) business days of receipt of your completed complaint form. If you have any questions regarding this case, please call 1-800-613-6743.

In filling out this form, please type or print as carefully as possible so the information can be easily read and understood.

Name: ☐ Mr. ☐ Ms. _____

Address: _____

Daytime phone: (____) _____ Fax (____) _____

Complete Name of Bank _____

Address: _____

Type of Account: _____ Account #: _____

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If you have an attorney or other representative you want us to deal with directly, please provide your representative's information below. Your signature on this form authorizes your bank and our office to release information to your representative.

Name of representative: _____

Title: _____

Address: _____

Daytime phone: (____) _____ Fax: (____) _____

Please print or type your complaint. Describe events in the order in which they occurred, including any names, phone numbers, and a full description of the problem with the amount(s) and date(s) of any transaction(s). Be as brief and complete as possible to make the explanation clear. Use separate sheet(s) of 8.5" x 11" paper if you need more space.

State your desired resolution:

This information is solicited pursuant to 15 USC 57a(f)(1). Providing this information is voluntary; however, failure to provide all requested information may delay or prevent a thorough investigation of your complaint. The principal purpose for this information is to conduct an investigation into your complaint.

Use of this information will include disclosing it to the bank(s), other individuals involved, or to other government agencies.

I certify that the information provided on, or with, this form is true and correct to the best of my knowledge.

Signature of Complainant(s)

Date